	151651		DEPARTMEN	NT OF HEALTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01/01/15	STEERS		THE PARTY AND A PROPERTY OF THE PARTY OF THE
SIDENCE	REGISTER NUMBER	79 67	CERTIFICAT		EATH		74 C E C C C C C C C C C C C C C C C C C		TATE FILE NUMBER
	1. NAME: FIRST	MIDE	r efica Salvais - Sasti	CARRY 15 Av. 3		2. SEX: MALE FEMALE		DAY	YEAR Approx
NCHS	4A PLACE OF DEATH: F	ack Hospital Hospital	Franqu HOSPITAL NURSING PRIVE	TE HOSPICE	OTHER	<u> </u>		23 2 4B. IF FACILITY, D	013 6:20 ATE ADMITTED: DAY YE
		DOA ER OUTPATIENT	INPATIENT HOME RESIDE		(Specify): V Jai	1 cell			
4C	4C. NAME OF FACILITY: III		ice Dent	I 4D. LOCALITY:				4E	COUNTY OF DEATH:
4G	7th Prct 4F. MEDICAL RECORD NO.	County Pol	CEDENT TRANSFERRED FROM ANOTHE	R INSTITUTION? (If yes		Brookhav on name, city or town, cour	100 Page 100 100 100 100 100 100 100 100 100 10		Suffolk
		NO.	YES						System (System)
	5. DATE OF BIRTH: MONTH DAY		GE IN 6B. IF UNDER 1 YEAR EARS: ENTER	6C. IF UNDER 1 DAY ENTER: hours minutes	7A. CITY AND Region/F	STATE OF BIRTH: (If not Province)	USA, Country and	7B, IF AGE UNDEF BIRTH:	11 YEAR, NAME OF HOSPITAL OF
	12 14		5 yrs.	1	- Wes	st Islip	NY		
	8. SERVED IN U.S. ARMED FORCES? (Specify years)	9. DECEDENT OF HISPANIC	ORIGIN? Check the boxes that best describe			10. DECEDENT'S RACE: CI	neck one or more races to in		nt considered himself or herself to be:
7A	NO YES	A No, not Spanish/Hispa	anic/Latino B Yes, Mexican, Mexic D Yes, Cuban	an American, Chicano		A White/Caucasian	Black or African An	nerican C ☐ Ai G ☐ Ki	sian Indian D Chinese Drean H Vietnamese
1		E Yes, Other Spanish/H	ispanic/Latino (Specify)			J Native Hawailan			
7B	11. DECEDENT'S EDUCATION 1 □ ≤ 8th grade		the highest degree or level of school completed h grade; no diploma 3 Thigh school			N American Indian or	Alaska Native (specify)		
		out no degree 5 Associa	te's degree 6 Bachelor's o	legree		P Other Asian (specify))	R□o	ther Pacific Islander (specify)
	7 Master's degree	MBER: 13. MA	ate/Professional dégree (1111) ARITAL STATUS:			14. SURVIVING SPOU	SE:		
	119-76-	NEVER	MARRIED MARRIED WIDOWED	DIVORCED SI	EPARATED 5	Enter birth name of sp if married or separated	ouse L		Antes Alterations
	15A. USUAL OCCUPATION		15B. KIN	ID OF BUSINESS OR INC	DUSTRY:	ai - Tu		14212	OMPANY OR FIRM:
CI.	COOK 16A, RESIDENCE:		16B. County or Region/Province	Food	16C.	LOCALITY: (Check one and	ELONA MARCHAEL RESIDENCE TO THE PROPERTY OF THE PARTY OF	ican .	Red Cross
SI	(State or Country	ew York	if not USA: Suffo	1k	CIT	Y VILLAGE TOWN	Brookh	aven	WITHIN CITY OR VILLAGE LIMITS?
25	16D. STREET AND NUMBER						16E, ZIP CODE:		10 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	83 Magno	olia Dr.	Rocky P			RTH NAME OF	11778 FIRST	MI	LAST
30	FATHER / PARENT:	Joaquin	n Frang	ui	M	OTHER / PARENT: P	nyllis		Daily
	19A. NAME OF INFORMAN		The Car San Landing and	NUNG ADDRESS; (inclu				A NIX	11770
31	Joaquin 20A.1 BURIAL 2X CRE	Franqui	_ 83	Magnol	la Dr		cky Poi		
		INCHION O LINE TO THE	HOLD 5 LIDONATION 20B. PL	ACE OF BURIAL, CHEMA	ATION, REMOVAL	OR OTHER DISPOSITION.		N: (City or town a	nd state)
	6 □ ENTOMBMENT	0 1 2	DAY YEAR		ATION, REMOVAL	The second of the second secon	20C. LOCATIO		inai,NY
31B	6 □ ENTOMBMENT 21A. NAME AND ADDRES	01 2	8 2013 Wa	ashingto	ation, REMOVAL on Mer	OR OTHER DISPOSITION	ark Mc	ount S	inai,NY
31B	6 □ ENTOMBMENT 21A. NAME AND ADDRES	01 2 SOFFUNERAL HOME uneral Ho	DAY YEAR	ashingto	ation, REMOVAL On Mer Mille	orotherdisposition norial P er Place	ark Mc	ount S	inai,NY
31B 7	6 ENTOMBMENT 21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL	01 2 SOFFUNERAL HOME uneral Ho	ome 551 Rout	eshingto	ATION, REMOVAL ON Mer Mille FUNERAL DIBLET	OR OTHER DISPOSITION. MOTIAL P ET Place OR	20C LOCATIO	ount S	inai, NY 218. REGISTRATION NUMBER: 00208 22C. REGISTRATION NUMBER: 13688
	6 I ENTOMBMENT 21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H. 23A. SIGNATURE OF REG	01 2 S OF FUNERAL HOME: uneral Hobitector: Vigliant ISTRAR	ome 551 Rout	e 25 A	ATION, REMOVAL ON MER Mille FUMERAL DIBET YEAR	orotherdisposition norial P er Place	20C LOCATIC ark Mc , NY117	ount S	inai, NY 218. REGISTRATION NUMBER: 00208 22C. REGISTRATION NUMBER: 13688
	6 I ENTOMBMENT 21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H. 23A. SIGNATURE OF REG	O1 2 S OF FUNERAL HOME UNCERAL HOME Viglian ISTRAR	ome 551 Rout te	e 25 A 228 SIGNATURE OF LED DAY	Mille puneral Disert	OR OTHER DISPOSITION. MOTIAL P ET Place OR. 24A BURIAL OB AEMOVA	20C LOCATIC ark Mc , NY117 PERMIT ISSUED BY:	ount S	1 nai, NY
QS G	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL JOhn H. 23A. SIGNATURE OF RES 25A. CERTIFICATIO	01 2 s of Funeral House uneral House Director: Vigliant ISTRAR.	ome 551 Rout	eshingto e 25 A 228. SIGNATURE PO DAY 2.8 DC RTIFYING PHYSICI the time, date and	Mille Mille FIMERAL DIBET YEAR JAN - OR - C	OR OTHER DISPOSITION. MOTIAL P OR Place OR OR OR ORONER/CORONER': ue to the cause sta	20C LOCATIC ark Mc , NY117 PERMIT ISSUED BY:	ount S	1 nai, NY
OR.	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name:	O 1 2 S OF FUNERAL HOME UNCERAL HOME DIRECTOR: Viglian ISTRAR ITEMS 25 ON: To the best of my	THRU 33 COMPLETED BY CE knowledge, death occurred at	DE 25 A 1228. SIGNATURE OF 128. SIGNATURE OF 128	Mille Mille FUMERAL DIBET YEAR DIST JAN - OR - C d place and d	OR OTHER DISPOSITION. MOTIAL P PR Place OR OR OR OR OR OR OR OR OR O	20C LOCATIC ark Mc , NY117 PERMIT ISSUED BY:	ount S	inai, NY 218. REGISTRATION NUMBER: 00208 22C. REGISTRATION NUMBER: 13688 248. DATE ISSUED, Y C1 27 20 AINER
QS QCOD	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette	O1 2 S OF FUNERAL HOME UNCERAL HOME UNCERAL HOME Viglian ISTRAR ITEMS 25 ON: To the best of my R. Hall, M	THRU 33 COMPLETED BY CE knowledge, death occurred at	DEPLED BAY 28 20 RTIFYING PHYSICI the time, date and License No.: 243777	Mille Mille FINERAL DIBECT YEAR JAN - OR - C d place and d	OR OTHER DISPOSITION. MORIAL P PROPERTY PLACE OR OTHER DISPOSITION. OR OTHER DISPOSITIO	20C LOCATIC ATK MC NY117 PERMIT ISSUED BY: SPHYSICIAN OB 19 EDICAL EXAMS	ount S	inai, NY 218. REGISTRATION NUMBER: 00208 22C. REGISTRATION NUMBER: 13688 248. DATE ISSUED; MONTH OAY Y
QS G	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL. JOhn H. 23A. SIGNATURE OF RES 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0	O 1 2 S OF FUNERAL HOME UNERAL HODIRECTOR: Vigliant ISTRAR ITEMS 25 ON: To the best of my R. Hall, M. Attending Physician OC Coroner 2 Medic	THRU 33 COMPLETED BY CE knowledge, death occurred at D. Physician acting on behalf of After at Examiner / Deputy Medical E	ashingto 28 25 A 228 SIGNATURE OF DAY 28 20 RTIFYING PHYSICI License No.: 243777 Inding Physician Additional Addi	Mille FINERAL DIBECT YEAR JAN - OR - C d place and d	OR OTHER DISPOSITION. MORIAL P PROPER PLACE OR OFFER CORONER OR OTHER DISPOSITION.	20C LOCATIC ATK MC NY117 PERMIT ISSUED BY: SPHYSICIAN OB 19 EDICAL EXAME FICE BLDG	ount S	1nai, NY
QS QCOD	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pt	O 1 2 S OF FUNERAL HOME UNERAL HOME Vigliant ISTRAR ITEMS 25 ON: To the best of my R. Hall, M Attending Physician O Coroner 2 X Medic Tysician, enter Coroner's Phys	THRU 33 COMPLETED BY CE knowledge, death occurred at L.D. Physician acting on behalf of Atte at Examiner / Deputy Medical Examine sician's name & little.	EE 25 A 228. SIGNATURE OF A 28 DC RTIFYING PHYSICI the time, date and License No.: 243777 Inding Physician of the control of the contr	Mille FINERAL DIBECT YEAR JAN - OR - C d place and d	OR OTHER DISPOSITION. MOTIAL P Place OR OR	20C LOCATIC ATK MC NY117 PERMIT ISSUED BY: SPHYSICIAN OB 19 EDICAL EXAME FICE BLDG	ount S	1 nai, NY
QS QCOD	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Gertifier's Title: 0 25B. If coroner is not a ph 25C. It certifier is not atte	O 1 2 S OF FUNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME ISTRAR ITEMS 25 ON: To the best of my R. Hall, M Attending Physician O C Coroner 2 Medic Tyrycian, enter Coroner's Phys nding physician, enter Attend	THRU 33 COMPLETED BY CE knowledge, death occurred at a Examiner / Deputy Medical Examiner sician's name & title.	DEPLED BAY 28 SIGNATURE OF THE DAY 28 20 RTIFYING PHYSICI the time, date and License No.: 243777 Inding Physician Add of the License No.: License No.: License No.:	Mille FUNERAL DIBET YEAR D 1-3 IAN - OR - C d place and d	OR OTHER DISPOSITION. MOTIAL P PRINCE OR ORONER/CORONER* ORONER/CORONER* OR COUNTY M FOLK COUNTY M FOLK COUNTY M Address:	PERMIT ISSUED BY: PERMIT ISSUED BY: PERMIT ISSUED BY: PHYSICIAN QB'I PHYSICIAN QB'I PHYSICIAN QB'I PHYSICIAN QB'I PHYSICIAN QB'I	ount S	1 nai, NY
QS QCOD	21A. NAME AND ADDRES Branch F 22A NAME OF FUNERAL JOhn H 23A. SIGNATURE OF RES A SIGNATURE OF RES Certifier's Name: Odette Gertifier's Title: 0 1 25B. If coroner is not a ph 25C. If certifier is not attended deceased:	O 1 2 S OF FUNERAL HOME UNERAL HOME Vigliant ISTRAR ITEMS 25 ON: To the best of my R. Hall, M Attending Physician O Coroner 2 X Medic Tysician, enter Coroner's Phys	THRU 33 COMPLETED BY CE knowledge, death occurred at a Examiner / Deputy Medical Examiner sician's name & title: Year Month Day TO Month Day	PASHINGTO E 25 A 1228. SIGNATURE OF DAY DAY DAY DAY DAY AND CHECK TO SHARE AND License No.: License No.: License No.: License No.: Year 268. Dece	Mille Mille Mille Mille YEAR DIS YEAR DIS IAN - OR - C d place and d 7 Idress: SUFI SUFI FURNISH Based last seen alin ttending physician	OR OTHER DISPOSITION. MORIAL P PRINCE OR OROMER/CORONER' OROMER/CORONER' OROMER/CORONER' OROMER/CORONER' OROMER/CORONER' OROMER/CORONER' OROMER/CORONER' OROMER/CORONER' Address:	PERMIT ISSUED BY: SIPHYSICIAN QB I EDICAL EXAMIT FICE BLDG. Year 26C. Prount	WEDICAL EXAMPLE ON OT OT	1 nai, NY
QS QCOD	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL JOhn H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pt 25C. If certifier is not atterated deceased: 27. MANNER OF DEATH: NATURAL CAUSE A	O 1 2 S OF FUNERAL HOME UNERAL HOME UNERAL HOME DIRECTOR: Viglian ISTRAR ITEMS 25 ON: To the best of my R. Hall, M Attending Physician. O Coroner 2 M Medic Coroner 2 M Medic Tysician, enter Coroner's Phys Month Day FROM HOMICIDE	THRU 33 COMPLETED BY CE knowledge, death occurred at a Examiner / Deputy Medical Examiner sician's name & title. Year Month Day UNDETERMINED SUICIDE CIRCUMSTANCES	JEPTIED DAY 2.8 2C RTIFYING PHYSICI Chense No.: 243777 ding Physician Added to the control of the contro	Mille	OR OTHER DISPOSITION. MOTIAL P PROPOSITION OR PLACE	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER WEDICAL EXAMINER WERE WERE	1 nai, NY
QS QCOD	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL JOhn H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a price. 25C. If certifier is not atte. 26A. Attending physician attended deceased: 27. MANNER OF DEATH:	O 1 2 2 S OF FUNERAL HOME UNE TALL HOME	THRU 33 COMPLETED BY CE knowledge, death occurred at Examiner / Deputy Medical Exaministician's name & title. Year Month Day UNDETERMINED CIRCUMSTANCES LACE TO	JEPTED DAY 2.8 2C RTIFYING PHYSICI Chense No.: 243777 Iding Physician Add er License No.: License No.: License No.: PENDING INVESTIGATION 6 6	Mille Mi	OR OTHER DISPOSITION. MOTIAL P PROPOSITION OR PLACE	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER MEDICAL EXAMINER MOI 288. IF EFUSED CAUSE	1 nai, NY
QS QCOD	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pr 25C. If certifier is not atterded deceased: 27. MANNER OF DEATH: NATURAL CAUSE 30. DEATH WAS CAUSED	O 1 2 S OF FUNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME ISTRAR ITEMS 25 ON: To the best of my R. Hall, M Attending Physician. O Coroner 2 M Hedic Tysician, enter Coroner's Physician, enter Attending Physician, enter Coroner's Physician Physician, enter Attending Physician, enter Coroner's Physician Phys	THRU 33 COMPLETED BY CE knowledge, death occurred at Examiner / Deputy Medical Exaministician's name & title. Year Month Day UNDETERMINED CIRCUMSTANCES LACE TO	JEPTED DAY 2.8 2C RTIFYING PHYSICI Chense No.: 243777 Iding Physician Add er License No.: License No.: License No.: PENDING INVESTIGATION 6 6	Mille Mi	OR OTHER DISPOSITION. MOTIAL P PROPOSITION MOTIAL P PLACE OR MOTH Day Address: OR MOTH OR MEDICAL EXAMINER? 1 X YES	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER MEDICAL EXAMINER MOI 288. IF EFUSED CAUSE	1 nai, NY 218, REGISTRATION NUMBER: 0 0 2 0 8 22C. REGISTRATION NUMBER: 1 3 6 8 8 248, DATE ISSUED; WONTH DAY VIOLET 2
QS QCOD	21A. NAME AND ADDRES Branch F 22A NAME OF FUNERAL JOhn H 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pr 25C. If certifier is not atte 26A. Attending physician attended deceased: 27. MANNER OF DEATH: NATURAL CAUSE PART I. IMMEDIATE CAUSE	O 1 2 S OF FUNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME ISTRAR ITEMS 25 ON: To the best of my R. Hall, M Attending Physician. O Coroner 2 M Hedic Tysician, enter Coroner's Physician, enter Attending Physician, enter Coroner's Physician Physician, enter Attending Physician, enter Coroner's Physician Phys	THRU 33 COMPLETED BY CE knowledge, death occurred at laberamine / Deputy Medical Examine sician's name & title: Year Month Day TO UNDETERMINED SUCIDE LACK CIRCUMSTANCES LACK SEE	JEPTED DAY 2.8 2C RTIFYING PHYSICI Chense No.: 243777 Iding Physician Add er License No.: License No.: License No.: PENDING INVESTIGATION 6 6	Mille Mi	OR OTHER DISPOSITION. MOTIAL P PROPOSITION MOTIAL P PLACE OR MOTH Day Address: OR MOTH OR MEDICAL EXAMINER? 1 X YES	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER MEDICAL EXAMINER MOI 288. IF EFUSED CAUSE	1 nai, NY 218, REGISTRATION NUMBER: 0 0 2 0 8 220. REGISTRATION NUMBER: 1 3 6 8 8 248, DATE ISSUED; MONTH Day Y C 2 7 2 0 2 0 1
OCOD CANCER	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL JOhn H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pir 25C. If certifier is not attended deceased: 27. MANNER OF DEATH: NATURAL CAUSE PART I. IMMEDIATE CAUSE DUIS TO OR AS A CONSE	O 1 2 2 S OF FUNERAL HOME UNERAL HODIRECTOR: Viglian ITEMS 25 ON: To the best of my R. Hall, M Attending Physician O Coroner 2 Medic Coroner 2 Medic TROM Month Day COCIDENT HOMICIDE CONFIDENTIA OBY: (ENTER ONLY ONE CAU SE: ON CIVAC.	THRU 33 COMPLETED BY CE knowledge, death occurred at laberamine / Deputy Medical Examine sician's name & title: Year Month Day TO UNDETERMINED SUCIDE LACK CIRCUMSTANCES LACK SEE	JEPTED DAY 2.8 2C RTIFYING PHYSICI Chense No.: 243777 Iding Physician Add er License No.: License No.: License No.: PENDING INVESTIGATION 6 6	Mille Mi	OR OTHER DISPOSITION. MOTIAL P PROPOSITION MOTIAL P PLACE OR MOTH Day Address: OR MOTH OR MEDICAL EXAMINER? 1 X YES	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER MEDICAL EXAMINER MOI 288. IF EFUSED CAUSE	1 nai, NY 218, REGISTRATION NUMBER: 0 0 2 0 8 220. REGISTRATION NUMBER: 1 3 6 8 8 248, DATE ISSUED; MONTH Day Y C 2 7 2 0 2 0 1
OCOD CANCER	21A. NAME AND ADDRES Branch F 22A NAME OF FUNERAL JOhn H 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pr 25C. If certifier is not atte 26A. Attending physician attended deceased: 27. MANNER OF DEATH: NATURAL CAUSE 30. DEATH WAS CAUSED PART I. IMMEDIATE CAU (A)	O 1 2 2 S OF FUNERAL HOME UNERAL HOME UNERAL HOME Vigliant ISTRAR ITEMS 25 DN: To the best of my R. Hall, M Attending Physician O Coroner 2 Medic rysician, enter Coroner's Phys anding physician, enter Attend RCCIDENT HOMICIDE COCIDENT HOMICIDE COC	THRU 33 COMPLETED BY CE knowledge, death occurred at laberamine / Deputy Medical Examine sician's name & title: Year Month Day TO UNDETERMINED SUCIDE LACK CIRCUMSTANCES LACK SEE	JEPTED DAY 2.8 2C RTIFYING PHYSICI Chense No.: 243777 Idding Physician Add er License No.: License No.: License No.: PENDING INVESTIGATION 6 6	Mille Mi	OR OTHER DISPOSITION. MOTIAL P PROPOSITION POPULATE PLACE OR MOTH Day Address: OR MOTH OR MEDICAL EXAMINER? 1 X YES	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER MEDICAL EXAMINER MOI 288. IF EFUSED CAUSE	1 na i , NY
OCCD TYCOLOGIAN ONE IS SOCIETY TO STAN ON DATE OF THE IS SOCIETY TO STAN ON THE IS SOCIETY TO ST	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pt 25C. If certifier is not atte 26A. Attending physician attended deceased: 27. MANNER OF DEATH: NATURAL CAUSE PART I. IMMEDIATE CAU (A) DUE TO OR AS A CONSE (B) DUE TO OR AS A CONSE (C)	O 1 2 S OF FUNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME ISTRAR. ITEMS 25 ON: To the best of my R. Hall, M Attending Physician. O Coroner 2 M Hedic hysician, enter Coroner's Physician, enter Attend FROM HOME COLIDENT HOMICIDE 1 S CONFIDENTIA OBY: (ENTER ONLY ONE CAUSE: ANG LACE OUENCE OF: The Course of the c	THRU 33 COMPLETED BY CE knowledge, death occurred at laberalization in physician's name & title. Year Month Day TO UNDETERMINED CIRCUMSTANCES AL SEE	JEPTED DAY 2.8 2C RTIFYING PHYSICI Chense No.: 243777 Idding Physician Add er License No.: License No.: License No.: PENDING INVESTIGATION 6 6	Mille Mi	OR OTHER DISPOSITION. MOTIAL P PROPOSITION POPULATE PLACE OR MOTH Day Address: OR MOTH OR MEDICAL EXAMINER? 1 X YES	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER WEDICAL EXAMINER WER MONTH ON O1 CAUSE 2 CON	I nai, NY 218. REGISTRATION NUMBER: 0 0 2 0 8 22C. REGISTRATION NUMBER: 1 3 6 8 8 248. DATE ISSUED: MONTH
OCOD OCOD CANCER 3-CS391	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL. JOhn H. 23A. SIGNATURE OF RES ASSIGNATURE OF RES Certifier's Name: Odette Gertifier's Title: 0 1 25B. If coroner is not a pt 25C. If certifier is not atte 26A. Attending physician attended deceased: 27. MANNER OF DEATH: NATURAL CAUSE PART I. IMMEDIATE CAUSE (A) DUE TO OR AS A CONSE (B) DUE TO OR AS A CONSE (B) PART II, OTHER SIGNIFIC PART II, OTHER SIGNIFIC DEATH BUT NO	O 1 2 2 S OF FUNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME UNERAL HOME ITEMS 25 ON: To the best of my R. Hall, M Attending Physician. O Coroner 2 Medic rysician, enter Coroner's Phys nding physician, enter Attend ROME ROME CONFIDENTIA OBY: (ENTER ONLY ONE CAU SE: OUENCE OF: CANT CONDITIONS CONTRIB TRELATED TO CAUSE GIVEN HOUR:	THRU 33 COMPLETED BY CE knowledge, death occurred at laberalization in physician's name & title. Year Month Day TO UNDETERMINED CIRCUMSTANCES AL SEE	DEPLED BAY 2.8 20 RTIFYING PHYSICI 1. License No.: 243777 Inding Physician Adv. License No.: Year 26B. December	ATION, REMOVAL ON MET Mille FINERAL DIBET YEAR D 13 IAN - OR - C d place and d fineral SUPI FINERAL 28 WAS CASE CORONER C O NO ET FOR COMPL	OR OTHER DISPOSITION. MOTIAL P PROPOSITION POPULATE PLACE OR MOTH Day Address: OR MOTH OR MEDICAL EXAMINER? 1 X YES	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER WEDICAL EXAMINER WERE DID TOBAC O □ NO 31D. PLACE	I nai, NY 21B. REGISTRATION NUMBER: 0 0 2 0 8 22C. REGISTRATION NUMBER: 1 3 6 8 8 24B. DATE ISSUED: MORTH DAY Y C 2 7 20 MORTH DAY Y O 1 2 4 2 MORTH DAY Y O 1 2 4 2 MORTH DAY Y O 1 2 4 2 MORTH DAY Y O 1 NO 1 YES FIDENTIAL APPROXIMATE INTERV BETWEEN ONSET AND DE
OCCD TYCOLOGIA NA DATE OF 13-CCS 391	21A. NAME AND ADDRES Branch F 22A. NAME OF FUNERAL John H. 23A. SIGNATURE OF REG 25A. CERTIFICATIO Certifier's Name: Odette Certifier's Title: 0 25B. If coroner is not a pt 25C. If certifier is not atte 26A. Attending physician attended deceased: 27. MANNER OF DEATH: NATURAL CAUSE PART I. IMMEDIATE CAU (A) DUE TO OR AS A CONSE (B) DUE TO OR AS A CONSE (C)	O 1 2 2 S OF FUNERAL HOME: UNERAL HODIRECTOR: Viglian ISTRAR: IN: To the best of my R. Hall, M. Attending Physician OCOroner 2 Medic Coroner 2 Medic Coroner 1 Medic Coroner 1 Medic Coroner 2 Medic Coroner 3 Medic Coroner 3 Medic Coroner 4 Medic Coroner 4 Medic Coroner 5 Medic Coroner 5 Medic Coroner 7 Medic Co	THRU 33 COMPLETED BY CE Knowledge, death occurred at Examine 7 Deputy Medical Examine is ician's name & title. Year Month Day TO UNDETERMINED CIRCUMSTANCES AL SEE UTING TO CIRCUMSTANCES AL SEE AL SEE	DEPLED BAY 2.8 20 RTIFYING PHYSICI 1. License No.: 243777 Inding Physician Adv. License No.: Year 26B. December	ATION, REMOVAL ON MET Mille FINERAL DIBET YEAR OLA IAN - OR - C d place and d 7 Idress: SUFF FLAS 28. WAS CASE CORONER O 0 NO ET FOR COMPL 29. 31C. DESC	OR OTHER DISPOSITION. MOTIAL P PRINCE OR	PERMIT ISSUED BY: PERMIT ISSUED	MEDICAL EXAMINER WEDICAL EXAMINER WERE DID TOBAC O I NO	I nai, NY 218. REGISTRATION NUMBER: 0 0 2 0 8 22C. REGISTRATION NUMBER: 1 3 6 8 8 248. DATE ISSUED: MONTH